

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="margin: 0;">CLAIMS ONLY <i>Multiple Dep.</i></p> </div> <div style="width: 30%;"> <p style="margin: 0; font-size: small;">Application Number</p> <p style="margin: 0; font-size: large; font-weight: bold;">10/725399</p> </div> <div style="width: 25%;"> <p style="margin: 0; font-size: small;">Filing Date</p> </div> </div>						
<small>* May be used for additional claims or amendments</small>						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4		1				
5	1					
6	1					
7		3				
8		3				
9		3				
10		3				
11		1				
12		1				
13		1				
14		1				
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45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	26					
Total Claims	29					

<small>* May be used for additional claims or amendments</small>						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

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